

**MINORITY/WOMEN/DISABLED VETERAN BUSINESS
ENTERPRISE PARTICIPATION SUMMARY**

STD. 840 (REV. 8-92) (REVERSE)

COMPLETION INSTRUCTIONS

THIS FORM MUST BE COMPLETED WHETHER THE CONTRACT GOALS ARE ACHIEVED OR A "GOOD FAITH EFFORT" (see State Administrative Manual Section 1266) IS MADE AND DOCUMENTED. IF NO PARTICIPATION IS OBTAINED, STATE "N/A" OR "NONE." FULL AND PARTIAL GOAL ACHIEVEMENT SHOULD BE REPORTED.

COMPANY NAME—list the name of the company proposed for M/W/DVBE participation. If the prime contractor is an M/W/DVBE, the name **MUST** be listed for participation.

NATURE OF WORK—identify the proposed work to be performed by the prime contractor or subcontractors.

CONTRACTING WITH—list the name of the department or company with which the company listed is contracting.

TIER—the contracting tier should be indicated with the following level designations:

- 0 = Prime or Joint Contractor
- 1 = Primary Subcontractor/Supplier
- 2 = Subcontractor/Supplier of Level 1 Subcontractor/Supplier
- 3 = Subcontractor/Supplier of Level 2 Subcontractor/Supplier, etc.

CLAIMED MBE VALUE—the total participation dollar amount claimed by a minority business enterprise (MBE) for this bid.

CLAIMED WBE VALUE—the total participation dollar amount claimed by a woman business enterprise (WBE) for this bid.

CLAIMED DVBE VALUE—the total participation dollar amount claimed by a disabled veteran business enterprise (DVBE) for this bid.

CERTIFICATION—in order to obtain M/WBE participation credit, a signed self certification (Attachment 3) **MUST** be included. In order to obtain DVBE participation credit, the firm must be formally certified by the Office of Small and Minority Business. Check "yes" if the certification has been included for each firm listed for participation.